

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.	10600294	FILING DATE
APPLICANT(S)		

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		/				
3		/				
4		/				
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50						
TOTAL IND.	4					
TOTAL DEP.	6					
TOTAL CLAIMS	0					

TOTAL IND.	4			
TOTAL DEP.	6			
TOTAL CLAIMS	10			

	IND	DEP	IND	DEP	IND	DEP
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